West Midlands SDE Local Data Opt-In Form

West Midlands SECURE DATA ENVIRONMENT

Part of the
NHS Research Secure Data Environment Network

NHS

Please complete in BLOCK CAPITALS. If you're doing this on behalf of another adult, or you're signing on behalf of someone under 13 for whom you have parental responsibility, put their details in Section A and your own in Section B.

Where to send this form

Please email the form to WMSDEOptout@uhb.nhs.uk, or post it to the address shown on the West Midlands SDE website's Local Data Opt-Out page.

You'll find this at westmidlandssde.nhs.uk/your-data/local-data-opt-out.

Section A: Complete for the person who wants to opt in – either yourself or someone else

Title: Last name:

Forename(s):

Address:

Postcode: Email:

Date of birth: NHS number (if known):

Section B: Only to be completed if you are a representative acting on behalf of a person who wants to opt in, or are signing on behalf of someone under 13 for whom you have parental responsibility

Your name:

Relationship to person who wants to opt in:

> I confirm I have authority to act for the person who wants to opt in/I have parental responsibility for the person who wants to opt in.
>
> I understand there may be circumstances that mean further checks are needed to ensure correct information is provided when someone is acting for another, or signing on behalf of someone for whom they have parental responsibility.

Declaration

By signing below, I confirm I am asking that my records/the records of the person for whom I have parental responsibility/authority to act are made available to view through the West Midlands Secure Data Environment and I consider I have the authority to make such a request/sign on their behalf. I understand the information provided will be used to process the request. I acknowledge that if the form is completed with the intent to be inaccurate, mislead or falsely represent myself as the person detailed in section A or B then the application may be refused.

Full printed name: Date:

Signature:

Office use only

Date received:

_____

Date identity checked and confirmed:

_____

Date response sent:

_____